



Veterinary Referral Form

Therapy required:

Physiotherapy Hydrotherapy

ANIMAL DETAILS

Name	D.O.B / Age
Species/Breed	Sex
Description/Colour	
Insured (Y/N)	Insurance Company

CLIENT DETAILS

Name	Home Phone
Address	Mobile
	Email
	Work Phone
Post Code	Work email

VETERINARY PRACTICE DETAILS

Practice Name	Referring Veterinary Surgeon
Address	Telephone
	Fax
	Email
Post Code	

GENERAL HEALTH DETAILS (if / where applicable)

Weight	General Condition
Respiration / Lungs	Pulse / Heart
Ears	Eyes
Skin/Coat	Temperament
Vaccinations	

CASE HISTORY (Please email full history to synergyanimalrehab@outlook.com)

Current Problem

Investigations and findings

Pre-existing conditions

Current medication

ANY SPECIFIC REQUIREMENTS (Advised techniques & special patient requirements)

DECLARATION

I can confirm that this animal was last examined by a veterinary surgeon on ___/___/___ (dd/mm/yyyy) at rest. At this time, I could find no clinical reason why this animal could not undergo standard musculoskeletal examination prior to beginning rehabilitation. I agree to referring for rehabilitation (physiotherapy and/or hydrotherapy) at Synergy Small Animal Rehabilitation under the direction of a qualified physiotherapist/hydrotherapist who can assess the patient's suitability for the appropriate therapy (we are governed by the NAVP and CHA's Code of Conduct which we fully observe).

Signed

Date

Print Name

Practice Stamp

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Synergy Small Animal Rehabilitation will issue vet reports after initial consultation and will keep you updated with any changes over the course of the treatment, with a final vet report also issued upon discharge. We generally send reports via email, but please let us know if you would prefer a different method.

Please append any further requests on a supplementary sheet.